MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005664

DO NOT WRITE	74) M	AMENDE		Registration District No. 69 Primary Registration District No. 5273 Registrar's No. 4 STATE FILE NUMBER	
ON THIS STUB	AMENDED			FILED FEB 1 & 1869	
VS 300	e		1	1. PLACE OF DEATH a. COUNTY (hristian 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence as STATE Missouri b. COUNTY (hristian admi	e before ission)
Rev. 4/59	ENDED		l i	b. CiTY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c: CITY Inside	e Limits
1	AME				No □ c
0220	نبوا	1 1 1		W HOSPITAL OP II ADDRESS	on Farm
20220	PATI			INSTITUTION Home Yes No IR 3 miles West of Nixa Yes I	k No 🗆
3				3. NAME OF DECEASED First Middle Last 4. DATE . Month Day	Year
				(Type or print) Cornelius Maynard DEATH January 30, 1963	
4 0	1	111			DER 24 HR
5 /				Male White Widowed Divorced 12/5/1886 76 Months Days Hours	Min.
 - ,	.			10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT CO	OUNTRY
	(1	(appender & Farmer Home Bldg. & Stockman Nixa, Missouri USA	
7 0	3		1	135. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE	
- 	2	1 1 1		Lewis Maynard Martha Stephenson Eula Aven	
8 0	2	1 1		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of servi	
اب ہے ۔ ہ	. 1			no //ns. Fula //aynard, Kt. #1. Nixa, //ii.	
<u>777</u> X	ŧ	i i I	Ξ	LA CALLER OF BRATE (C.A.,)	BETWEEN D DEATH
10	عالد	111	ΝE	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CA CA CA CA CA CA CA CA CA C	
11	5 0	1 1	DOCUMENT		
	NSTEAD		8	Conditions, if any, 1 DUE TO (b)	
1296-20	2 <u>5</u>			which gave rise to	
132-0	眻	$\vdash \vdash \vdash$		above cause (a), stating the under-lying cause last. DUE TO (c)	
	5			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II. (a) PART III. If deceased was fee there a pregnancy in la	emale was
<u> </u> 2	2				Unknown
	5	i	1	19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item	_
ON SAGNOMENTS				YES NO	10.,
Z				ZOC. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
X OR (`				AT A T C
RIBBON		}		20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK farm, factory, street, office bldg., etc.)	STATE
-	ما			·	
A S H	₹	1		21. 1 attended the deceased from Oct 1962 to 1-30-63 and last saw him alive on 1-28-63	
	SHOULD READ			Death occurred et	ted.
USE	텼		9 P	222_STGNAFURE (Degree or/title)/ 22b. ADDRESS 2	ATE SIGNED
ا ځا د	똢				-//-63
- (\vdash	\Box	AFFIDAVIT	23a. BURTAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, of county) (Sta	rte)
į	Š		Ē	Burial 2/1/1963 Payne Cemetery Nixa Missouri	
	EM N		AFI		
	110		B≺		
ı	1	1 I I	1 1	to Doctor 1-31-63 (Licensed Embalmer's Statement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
vorking under my personal supervision.	
tudentSignature of Student Embalmer	Signed_ Thean Harris
	Licensed Embalmer No. <u>#390</u>
•	P. O. Address Ozark, 92.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.